



PATIENT INFORMED CONSENT FORM FOR LIGHT BASED HAIR REMOVAL

I hereby authorise Leanne Doré to perform light based hair reduction on me. I understand that this procedure works on the growing hairs (anagen) and not on dormant hairs. I understand that I will require several treatments to obtain a significant, long-term reduction of hair growth. I understand I may experience fewer, thinner, lighter, slower re-growth of hairs, temporary hair loss or permanent hair reduction. I understand that it is only effective on hair with colour and does not treat white, grey, blond, or red hair. I understand that genetics, hormones, medication and hair colour may interfere with hair loss and that I may not respond at all.

The procedure may result in the following adverse experiences or risks:

- **DISCOMFORT/PAIN:** Some discomfort and/or pain may be experienced during treatment.
- **REDNESS/SWELLING/BRUISING:** Short term redness (erythema) or swelling (edema) of the treated area is common and may occur. There also may be some bruising.
- **HYPO PIGMENTATION / HYPER PIGMENTATION (Changes in skin Colour):** During the healing process, there is a slight possibility that the treated area may become either lighter (hypo pigmentation) or darker (hyper pigmentation) in colour compared to the surrounding skin. This is usually temporary, but, on a rare occasion, it may be permanent.
- **WOUNDS:** Treatment can result in burning, blistering, or bleeding of the treated areas.
- **INFECTION:** Infection is a possibility whenever the skin surface is disrupted, although proper wound care should prevent this. If signs of infection develop, such as pain, heat, or surrounding redness, please call our office 021 620 555.
- **SCARRING:** Scarring is a rare occurrence, but it is a possibility if the skin surface is disrupted. To minimise the chances of scarring, it is IMPORTANT that you follow all post-treatment instructions provided by your healthcare staff.
- **PARADOXICAL HAIR GROWTH:** Stimulation of terminal hair growth following photo-epilation can occur within or adjacent to treated area.
- **EYE EXPOSURE:** Protective eye-wear (shields) will be provided to you during the treatment. Failure to wear eye shields during the entire treatment may cause severe and permanent eye damage.
- **FOR WOMEN OF CHILDBEARING AGE:** By signing below I confirm that I am not pregnant and do not intend to become pregnant anytime during the course of treatment. Furthermore, I agree to keep Leanne Doré informed should I become pregnant during the course of treatment.

ACKNOWLEDGMENT

By my signature below, I acknowledge that I have read and fully understand the contents of this informed consent for light based hair removal treatment and that I have had all my questions answered to my satisfaction by Leanne Doré.

Signature-Patient or Guardian

Print Name/Relationship

Date

Signature-Witness

Print Name

Date